

Foster Family Home - Corrective Action Report

Provider ID: 1-525420

Home Name: Marilou Rivera, CNA

Review ID: 1-525420-7

94-595 Kipou St.

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 3/7/2018

End Date: 4/10/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/07/2018

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


7.1.(a)(1) and 7.1.(a)(2) Fingerprinting and Adult Protective Services/Child Abuse Neglect (APS/CAN) not present in the Home for HHM#6.


Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) Documentation for unannounced fire drill for night time not present in the Home.


Compliance Manager


Primary Care Giver

March 7, 2018
Date

March 7, 2018
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Marilou P. RIVERA
CCFFH Address: 94-595 Kipou St.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	(2) House Hold MEMBE #6 FINEST FINGERPRINTING (APS / CAXI)	3/22/18	APS / CAXI. And Finger Printing filled in Home Binder I understand Back ground check and we do second fingerprint in 2019. I have a Notebook to keep track the next due date. And I will check the Note book every month. I keep my Note book w/ my home Binder. Home will conduct day, Evening nights ^{fire drill} randomly every month.
45(a)	Night fire drill done at 9 p.m.	4/8/18	

Primary Caregiver's Signature: 

Print Name: Marilou P. Rivera

Date of Signature: 4/9/18